STDs in UP

599. SHRI R.K. ANAND: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Uttar Pradesh has the highest rate of Sexually Transmitted Diseases (STDs) and is classified as a low prevalences State in terms of AIDS; and

(b) if so, what remedial steps are being taken to see that AIDS disease is eradicated in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

Based on Behavioural Surveillance Survey Report 2001, the State of Uttar Pradesh has prevalence of self-reported Sexually Transmitted Diseases (STDs) 896 as which is not the highest prevalence reported in the country. The State of Madhya Pradesh (8.2%), Haryana (10.5%) and Delhi (10.5%) have reported higher prevalence of STDs as compared to Uttar Pradesh.

Based on data collected from the annual round of HIV Sentinel Surveillance-2004, the State of Uttar Pradesh has shown HIV prevalence among STD Clinic attendees as 0.8% as compared to the overall national prevalence among this group as 5.49%.

In Uttar Pradesh, HIV prevalence among STD Clinic attendees is less than 5%, and among Antenatal Clinic attendees as less than 1%, the State has been categorized as "Low Prevalence State". However, due to other vulnerable factors like scale of migration,size of population and weak health infrastructure, the State is classified as "Highly vulnerable" State.

(b) In order to prevent and control the spread of HIV/AIDS in India, Govt, of India has launched acomprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme under following components:—

- Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counseling and behaviour change communication.

- Preventive interventions for the general population through programmes for blood safety, voluntary counseling and testing services, Prevention of Parent to Child Transmission (PPTCT), Information Education and Communication (IEC).
- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure and Free Antiretro-virat Therapy in identified centres in the country.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Build technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

Banning non-iodised salt

600. SHRI RAMA MUNI REDDY SIRIGIREDDY:
SHRI K. RAMA MOHANA RAO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have reinstated ban on the sale of non-iodised salt from August, 2005;

(b) whether it is also a fact that a very large number of iodine deficiency cases are being reported in the country during the last few years; and

(c) if so, the details thereof, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) There is a proposal to restrict the sale of edible common salt for direct human consumption unless it is iodized. However, non-iodized salt may be sold for iodisation, iron fortification, animal use, preservation, manufacturing medicines and industrial use under proper label declaration.